

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09760068**
APPLICANT(S)

FILING DATE **01-12-01**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51						
2		✓					52						
3		✓					53						
4		✓					54						
5		✓					55						
6		✓					56						
7		✓					57						
8		✓					58						
9		✓					59						
10		✓					60						
11	✓						61						
12		✓					62						
13		✓					63						
14		✓					64						
15		✓					65						
16		✓					66						
17		✓					67						
18		✓					68						
19		✓					69						
20		✓					70						
21	✓						71						
22		✓					72						
23		✓					73						
24		✓					74						
25		✓					75						
26		✓					76						
27		✓					77						
28		✓					78						
29		✓					79						
30		✓					80						
31	✓						81						
32		✓					82						
33		✓					83						
34		✓					84						
35		✓					85						
36		✓					86						
37		✓					87						
38		✓					88						
39		✓					89						
40		✓					90						
41		✓					91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	37						TOTAL DEP.						
TOTAL CLAIMS	41						TOTAL CLAIMS						